

# Title VI Discrimination Complaint Form

## Contact Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Incident Report

Do you believe you were discriminated against due to: RACE  COLOR  NATIONAL ORIGIN

Please provide the date(s) and location of the alleged discrimination. Include the name(s) of the individual(s) who allegedly discriminated against you. (Include their titles if known):

Briefly explain as clearly as possible what happened and how you feel that you were discriminated against. Please include how other persons were treated differently than you.

Please provide the names and contact information of any witnesses:

## Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions

Submit completed form via email to [info@norwalktransit.com](mailto:info@norwalktransit.com). Or print and mail to: *Attn: Civil Rights Officer, Norwalk Transit District, 275 Wilson Ave, Norwalk, CT 06854-4615.*

